

| CLAIMS ONLY | | | | | | | Application Number 10-519451 | | Filing Date | |
|-----------------|----------------------------|--------|--------------------------|--------|---------------------------|--------|---|--------|-------------|--------|
| RCE | | | | | | | Applicant(s) | | | |
| | | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED 7.19.07 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | |
| 2 | | | | | | | 52 | | | |
| 3 | | 1 | | | | | 53 | | | |
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| 6 | | 1 | | | | | 56 | | | |
| 7 | | 1 | | | | | 57 | | | |
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| 50 | | | | | | | 100 | | | |
| Total Indep | 1 | | | | | | Total Indep | | | |
| Total Depend | 4 | | | | | | Total Depend | | | |
| Total Claims | 5 | | | | | | Total Claims | | | |